10/51973

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Pocket Number,

Effective December 8, 2004									/50	<u> </u>	10004	•••
CLAIMS AS FILED - PART I (Column 1) (Column 2)							-•	SMALL ENT TYPE		OR	OTHER SMALL E	
U.S	NATIONAL S	STAGE FEES	·			RATE	FEE		RATE	FEE		
BAS	IC FEE		SMILENT.	8 15D	URGE ENT. = \$ 100			BASIC FEE	150	OR	BASIC FEE	
ĐXA	MINATION FE	E	\$20:500 PCT Arts (4) = \$50/1	A8 other situations = 8 100 / \$ 200			EXAM FEE	118		DOM FEE		
SEA	RCH FEE		U.S. b ISA = 6 6 ALL other count 8 200 / 8 40	tion -	All other absolutes = \$ 250 / \$ 500			SEARCH FEE	دون		SEXECH FEE	
Æ	FOR EXTRAS	PEC. PGS.	minus	/60 =			X 8 125 •			X \$ 250 =		
101	AL CHARGEAE	LE CLAIMS	7 minu	4 0			X \$ 25 =		OR	X\$50=	•	
INDI	PERDENT CL	ADAS	2 min	10			X \$ 100 =		ÓR	X \$ 200 =		
MOL	MULTIPLE DEPENDENT CLAIM PRESENT							+\$180=		OR	+ \$ 360 =	
. H	the difference	in column 1 is i	ess than zero,	enter "O"	'In co	tuma 2	_	TOTAL	450	OR	TOTAL	·
	CLAIMS AS AMENDED - PART () (Column 1) (Column 2) (Column 3)						, }_	SHALL E	NTITY	OR	OTHER SMALL E	
T.A.		REMADENG AFTER AMENOMENT		HUMB HUMB PREVIO PAID F	ER USLY	PRESENT	Ī	RATE	ADOI- TIONAL FEE		RATE	AODI- TIONAL FEE
WENDWENT	Total	• 7	Mirus	- 7	•	· 0.	1	X\$25=		OR	X\$50 =	
9	independent	· 2	Minus	- 2		- 0	7	X\$100-		OR	X \$ 200 =	
`	FIRST PRES	ENTATION OF M	MULTIPLE DEPENDENT CLAIM					+\$180.=		OR	+\$360=	
							_	YOTAL AUGIT. FEE		OR	YOYAL ADDIY. FER	
		(Column 1)		(Colum	31	(Cotumn 3)						
ПВ	•	CLAIMS REMAINING AFTER AMENIOMENT	·	PREVIOUS PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DAGE	Total	· (a	Minus '	- 2	0	• Ø	1	X \$ 25 =	1	OR	X \$ 60 =	
WENTSWENT	Independent	•	Minus	. . ز	3	• Ø .]	X\$ 100 =		OR	X\$200=	
·	FIRST PRES	ENTATION OF M	LATIPLE CEPE	(DENT C	LADI	.0		+\$ 180 =		OR	+ \$ 350 =	
TOTAL ADDIT. OR TOTAL ADDIT.												
* If the entry is column 1 to less than the entry in column 2, write "If in column 3. ** If the "Uphood Number Proviously Paid For" IN THIS SPACE is best than "20". *** If the "Uphood Number Previously Paid For" IN THIS SPACE is best than "20", enter "3". The "Uphood Number Previously Paid For" (Total or independency in the highest number found in the appropriate box in column 1.												

FORM PTO-075 (Rate 00/2005)

Paintend Traditions Common U.S. DEPARTMENT OF COMMERCE

Nex 5

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/519330

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPEO			OTHER THAN		
TOTAL CLAIMS					İ			RATE	FEE	1	RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	_ r_ ·	OR	BASIC FEE		
то	TAL CHARGEA	BLE CLAIMS	minus 20=		•			X\$ 25=		OR	X\$50=		
_	EPENDENT CL			nus 3 =	<u>'</u>	<u> </u>		X100=		OR	X200=		
MU	LTIPLE DEPEN	IDENT CLAIM PE	RESENT		<u>, </u>		+180=	1/	OR	+360=	1		
* If the efficience in column 1 is less than zero, enter "0" in column 2								TOTAL	4	OR	TOTAL	V	
813 Oce (Column 1) (Column 2) (Column 3)					<u>3)</u>	SMALL	ENTITY	OR	OTHER SMALL				
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESEN EXTRA	7	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	• 9	Minus	* 4	0	= 87		X\$ 25=		OR	X\$50=		
AME	Independent	NTATION OF MU	Minus	***	<u>3</u>		4.	X100=	•	OR	X200=		
	ringi Phese	NIATION OF WIC	CHELE DEF	CIADEIAI	· ·		_ _	+180=		OR	+360=		
		•	•			•	•	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)_	(Column	•	ADDII. 1 EE		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
ENT 🛊		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESEN EXTRA	Ţ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	* 2	0	=		X\$ 25=		OR	X\$50=		
AME	Independent	*	Minus	***	3	=	-	X100=		OR	X200=	•	
	FIRST PRESE	NTATION OF ML	LTIPLE DEP	ENDENT	CLAIM			+180=		OR	+360=		
								TOTAL		OR	TOTAL ADDIT, FEE		
ADDIT FEE ADDIT FEE ADDIT FEE ADDIT FEE ADDIT FEE													
AMENDMENT	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA	- 1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	•	Minus	**				X\$ 25=		OR	X\$50=		
ME	Independent	*	Minus	. ***		2	_	X100=		OR	.X200=		
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM		┙╽			- 1	+360=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													